

Exhibit 3-H

Updated Loan Modification Request

08/11/2009 14:23 2143797361

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TO: Jovana Gregory COMPANY:

FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)

To: Loss Mitigation

From: Abasile Ebowene Account Number(s): [REDACTED]

Fax to: 1-866-709-4744 or mail to: Loss Mitigation
2711 North Haskell Avenue, Suite 900
Dallas TX 75204

The following documentation must be included to determine eligibility:

- **Financial Analysis Form**
- The enclosed Financial Hardship Affidavit completed and signed by all borrowers (no notary required).
- A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both the joint filers), and
- Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:

IMPORTANT NOTICE

We understand that you have filed for bankruptcy and have not yet received a discharge. None of the information requested in this Workout Plan will be used for the collection of any debts or for purposes prohibited by the Bankruptcy Code or other applicable Federal or state law. The information requested in this Workout Plan is necessary to determine your eligibility for a loan modification or repayment agreement under both government and non-government loan modification and repayment programs, and should you be eligible, to enable us to best serve you in modifying your loan.

For each borrower who is paid by an employer:

- ☐ Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return; and
- ☐ Copy of the two most recent pay stubs or other proof of income from your employer.

For each borrower who is self-employed:

- ☐ Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return, and
- ☐ Copy of the most recent quarterly or year-to-date profit/loss statement.

For each borrower who has income such as Social Security, disability or death benefits, pension, public assistance, or unemployment:

- ☐ Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements.

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TO: Jovana Gregory COMPANY;

- ☐ Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least 3 years to be considered qualifying income under this program.

For each borrower who is relying on alimony or child support as qualifying income:

- ☐ Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of alimony or child support and period of time over which it will be received. Payments must continue for at least 3 years to be considered qualifying income under this program.
☐ Proof of full, regular and timely payments; for example, deposit slips, bank statements, court verification or filed federal tax return with all schedules.

For each borrower who has rental income:

- ☐ Copies of most recent two years filed federal tax returns with all schedules, including Schedule E-Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.

Additional items required if you are requesting a sale of your property:

- Copy of listing agreement
- Copy of the sales contract
- Copy of the estimated Settlement Statement (HUD-1) if available
- Signed "dual party authorization" form

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TO: JOVANA GREGORY COMPANY:

FINANCIAL ANALYSIS FORM

Personal Information

Name (Borrower):	Daytime Phone:	Alternate Phone:
HBOSEDC E BOWENE	972 606 8310	
Name (Co-borrower):	Daytime Phone:	Alternate Phone:
Mailing Address:	Best time to reach you:	
4617 COVINGTON CT B.P. TX 75052		

May we contact you via email:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please provide your email address:	
Is the property occupied?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, is it owner occupied or tenant occupied?	Owner/Tenant

Bankruptcy Information	
Date that you filed bankruptcy?	2/27/09
Case Number	35-41144-Sub-13
District and state	Nebraska District, Texas
Which chapter (7, 12, 11 or 13)?	13
Has your plan been confirmed (Chapters 11, 12 and 13 only)?	
- If so, please provide a copy of the plan and confirmation order	No
Have you received a discharge?	
- If so, please provide the date of discharge and a copy of the discharge order	No
Has your case been dismissed?	
Did you or do you intend to reaffirm any debts?	No
- If so, please list the name of the creditor, the type of debt and the amount of the debt	
Are there any actions to declare one or more of your debts non-dischargeable currently pending in your bankruptcy case?	
- If so, please provide the case number, the name of the creditor, the type of debt and the amount of the debt	No
Have you received a discharge under any chapter of the Bankruptcy Code within the past 7 years?	
- If so, please provide the case number, state and district where the case was filed and date of discharge	

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TO: JOVANA GREGORY COMPANY:

Amount of funds available to contribute towards a workout?	\$ 650.00
Total number of individuals in your household:	2
Do you want to keep this property?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is your home listed for sale?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, what is the list price?	\$
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: Realtor Phone:
Do you have a second mortgage?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please provide contact information for your second mortgage company.	Name/phone number of second mortgage company:

EMPLOYMENT HISTORY			
Currently employed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Co-Borrower
How long?	8 Months		<input type="checkbox"/> Yes <input type="checkbox"/> No
Present employer:			
If self-employed, name of company:			
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages (monthly) *	\$ 1,050	\$	\$
Unemployment Income (monthly)	\$	\$	\$
Disability Income (monthly)	\$	\$	\$
Rental Income (monthly)	\$	\$	\$
Child Support / Alimony (monthly)**	\$	\$	\$

* Gross salary/wages is your total monthly income before any tax withholding or employer deductions.

** This information is optional. You are not required to provide this information.

(Note that some of the items included here are not applicable to the MHA program. I understand, however, that this form is to be used for various modification programs, including the MHA.)

ASSETS/LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Assets			
Description	Estimated Value	Amount Owed	Net Value (Est. Value less amount owed)
Personal Residence	\$ 127,000	\$	\$
Personal Property	\$ 27,000	\$	\$ 27,000
Checking Accounts	\$ 72	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$

no schedule in bankruptcy case

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 TO: Jovana Gregory COMPANY:

Stocks / Bonds / CDs	\$		\$		\$
Cash Value of Life Insurance	\$		\$		\$
Other	\$		\$		\$
Totals	\$		\$		\$

* The above information will not be used for the collection of any debt.

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowners Assoc. Dues	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowner's (Owner's) Insurance (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Insurance (i.e. wind, flood) (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Credit Card / Installment Loans	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Auto Loan(s)	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Food / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

[Signature] *[Signature]* 08/11/09
 Borrower Signature Date Co-borrower Signature Date
[Signature] *[Signature]*

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TO: Jovana Gregory COMPANY:

FINANCIAL ANALYSIS FORM

Personal Information

Name (Borrower): HROSEDE E BOWEN	Daytime Phone: 912 606 8310	Alternate Phone:
Name (Co-borrower):	Daytime Phone:	Alternate Phone:
Mortgage Account Number:		Best time to reach you:
M 4617 COVINGTON CT G.P. TX 75052		
May we contact you via email: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide your email address:		
Is the property occupied? if yes, is it owner occupied or tenant occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Owner/Tenant		

Bankruptcy Information

Date that you filed bankruptcy?	2/23/12
Case Number	35-41144-Sub-12
District and state	Bankruptcy District, Texas
Which chapter (7, 12, 11 or 13)?	13
Has your plan been confirmed (Chapters 11, 12 and 13 only)? - If so, please provide a copy of the plan and confirmation order	NO
Have you received a discharge? - If so, please provide the date of discharge and a copy of the discharge order	NO
Has your case been dismissed? Did you or do you intend to reaffirm any debts? - If so, please list the name of the creditor, the type of debt and the amount of the debt	NO
Are there any motions to declare one or more of your debts non-dischargeable currently pending in your bankruptcy case? - If so, please provide the case number, the name of the creditor, the type of debt and the amount of the debt	NO
Have you received a discharge under any chapter of the Bankruptcy Code within the past 7 years? - If so, please provide the case number, state and district where the case was filed and date of discharge	

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Do you want to keep the property?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is your home listed for sale?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, what is the list price?	\$
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: Realtor Phone:
Do you have a second mortgage?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please provide contact information for your second mortgage company.	Name/phone number of second mortgage company:

EMPLOYMENT HISTORY

Currently employed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Co-Borrower	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How long?	8 Months		
Present employer:			
If self-employed, name of company:			
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages (monthly) *	\$ 1,050	\$	\$
Unemployment Income (monthly)	\$	\$	\$
Disability Income (monthly)	\$	\$	\$
Rental Income (monthly)	\$	\$	\$
Child Support / Alimony (monthly)**	\$	\$	\$

*Gross salary/wages is your total monthly income before any tax withholding or employer deductions.

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Assets

Description	Estimated Value	Amount Owed	Net Value (est. value less amount owed)
Personal Residence	\$ 127,000	\$	\$
Personal Property	\$ 27,000	\$	\$ 27,000
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$

no schedule in bankruptcy case

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TO: Jovana Gregory COMPANY:

Stocks / Bonds / CDs	\$		\$	
Cash Value of Life Insurance	\$		\$	
Other	\$		\$	
Totals	\$		\$	

* The above information will not be used for the collection of any debt.

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Alimony / Child Support	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowners Assoc. Dues	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Insurance (i.e. wind, flood) (if not escrowed and included in your current mortgage payment)	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Insurance	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical Expenses	\$ <u>only when no coverage</u>	\$ <u>HC</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Child Care	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Credit Card / Installment Loans	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Student Loans / Personal Loans	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Auto Loan(s)	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$ <u>no HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Food / Household Supplies	\$ <u>160 HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$ <u>52 HC</u>	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Borrower Signature Date Co-borrower Signature Date
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TO: JOVANA GREGORY COMPANY: FAX 7/014 FAX SERVER

Financial Hardship Affidavit

Borrower Name: HROSEDE E BOWME

Co-Borrower Name:

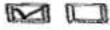
Property Street Address: 4617 CONNINGTON CT

Property City, State, Zip: C.P. TX 75052

Account Number: [REDACTED]

In order to qualify for our offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("X") the one or more events that contribute to my/our financial hardship and difficulty in making payments on my/our mortgage loan.

Borrower Co-Borrower



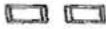
My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" and have attached verifying documentation.



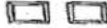
My household financial circumstances have changed. For example: death in family, serious or chronic illness, divorce, incarceration, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" and have attached verifying documentation.



My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fire or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" and have attached verifying documentation.



My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" and have attached verifying documentation.



My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.



There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

Explanation:

I lost my job and I just could not
find one. What I make out present, is not
up to what I use to make. I am still

TO: Jovana Gregory COMPANY:

looking for something better.

Be advised that you are signing these documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income may subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud.

The information contained in these documents is subject to examination and verification. Any potential misrepresentation may be referred to the appropriate law enforcement authority for investigation and prosecution.

Date _____

Date _____

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TO: Jovana Gregory COMPANY:

Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify, represent and agree that all of the documents and information I/we have provided in connection with the Financial Analysis Form and this Affidavit are true and correct and the event(s) identified in the Financial Analysis Form and this Affidavit has/have contributed to my/our financial hardship and the need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers/co-borrowers or a joint report for a married couple.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 35%.
6. I/we certify that I/we are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
7. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this Affidavit.
8. I/we understand that none of the information requested in this workout application will be used for the collection of any debts. I/we understand the information requested in this workout application is necessary to determine my/our eligibility for a loan modification or repayment agreement under both government and non-government loan modification and repayment programs.

4506-T (Rev. January 1976) Request for Transcript of Tax Returns Do not fill in this form unless all applicable lines have been completed. Attach this form to Form 1040, 1040A, 1041, 1042, 1043, 1044, 1045, 1046, 1047, 1048, 1049, 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078, 1079, 1080, 1081, 1082, 1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 1099, 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200, 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1333, 1334, 1335, 1336, 1337, 1338, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1350, 1351, 1352, 1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 1509, 1510, 1511, 1512, 1513, 1514, 1515, 1516, 1517, 1518, 1519, 1520, 1521, 1522, 1523, 1524, 1525, 1526, 1527, 1528, 1529, 1530, 1531, 1532, 1533, 1534, 1535, 1536, 1537, 1538, 1539, 1540, 1541, 1542, 1543, 1544, 1545, 1546, 1547, 1548, 1549, 1550, 1551, 1552, 1553, 1554, 1555, 1556, 1557, 1558, 1559, 1560, 1561, 1562, 1563, 1564, 1565, 1566, 1567, 1568, 1569, 1570, 1571, 1572, 1573, 1574, 1575, 1576, 1577, 1578, 1579, 1580, 1581, 1582, 1583, 1584, 1585, 1586, 1587, 1588, 1589, 1590, 1591, 1592, 1593, 1594, 1595, 1596, 1597, 1598, 1599, 1600, 1601, 1602, 1603, 1604, 1605, 1606, 1607, 1608, 1609, 1610, 1611, 1612, 1613, 1614, 1615, 1616, 1617, 1618, 1619, 1620, 1621, 1622, 1623, 1624, 1625, 1626, 1627, 1628, 1629, 1630, 1631, 1632, 1633, 1634, 1635, 1636, 1637, 1638, 1639, 1640, 1641, 1642, 1643, 1644, 1645, 1646, 1647, 1648, 1649, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1663, 1664, 1665, 1666, 1667, 1668, 1669, 1670, 1671, 1672, 1673, 1674, 1675, 1676, 1677, 1678, 1679, 1680, 1681, 1682, 1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1	
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TO: Jovana Gregory COMPANY:

Form 4300-T (2008-1-2009)

General Instructions

Purpose of Form. Use Form 4300-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4300-T to request a copy of the return, to request copies of tax returns, or to request copies of tax returns. Where to file. Mail or fax Form 4300-T to the address below for the state you want to file in. There are two addresses: one for individual returns and one for corporate returns. See line 5.

If you are requesting a copy of the return, you must also provide the return number. If you are requesting copies of tax returns, you must also provide the return number and the year of the return. Note. You can also call 1-800-329-1049 to request a transcript or get more information.

Chart for Individual Transcripts (Form 1040 series and Form W-2)

If you filed an individual return and want to request a transcript, you must also provide the return number. If you are requesting a transcript of a Form W-2, you must also provide the employer's name and the year of the return.

Where to file	Mail or fax to the Internal Revenue Service at
Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	RAVIA Team Box 8710 Austin, TX 78767
Alabama, Arkansas, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	RAVIA Team Box 8710 Austin, TX 78767
Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	RAVIA Team Box 8710 Austin, TX 78767

Chart for all other transcripts

If you filed in or your business was in:

Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

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Austin, TX 78767

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Partnerships, S Corporations, Form 4300-T

Partnerships, S Corporations, Form 4300-T can be signed by any person who is a member of the partnership, during any part of the tax period requested on line 5.

Tip. Use Form 4300-T to request a copy of the return, to request copies of tax returns, or to request copies of tax returns. Where to file. Mail or fax Form 4300-T to the address below for the state you want to file in. There are two addresses: one for individual returns and one for corporate returns. See line 5.

If you are requesting a copy of the return, you must also provide the return number. If you are requesting copies of tax returns, you must also provide the return number and the year of the return. Note. You can also call 1-800-329-1049 to request a transcript or get more information.

Chart for Individual Transcripts (Form 1040 series and Form W-2)

If you filed an individual return and want to request a transcript, you must also provide the return number. If you are requesting a transcript of a Form W-2, you must also provide the employer's name and the year of the return.

Where to file	Mail or fax to the Internal Revenue Service at
Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	RAVIA Team Box 8710 Austin, TX 78767
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TO: Javiana Gregory COMPANY:

General Notification

The enclosed package has been enhanced to encompass requirements for all available programs, including the Making Home Affordable program established under the Obama administration.

For information and eligibility requirements under the Making Home Affordable program, visit www.makinghomeaffordable.gov or www.financialstability.gov website.

Please continue to make your monthly payment. If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access www.hud.gov or call 800-225-5342 for more information regarding credit counselors.

You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.

Non-escrowed accounts: If approved for a modification, an escrow account is required for most modification programs.

If approved for a modification, you may be required to enroll in an electronic payment program.

Frequently Asked Questions

How long will it take to process my modification request and determine if I qualify for the program?
First, we will review your request as quickly as possible. Once the package is returned to our office, you will hear something from Loss Mitigation within 10 business days advising the package was received and notifying you if additional information is required. Within 30 days from the date a complete package is received, you will be notified as to the modification option available to you. If you aren't eligible for a modification, the reason for denial will be provided. Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

The Financial Analysis Form asks, "Amount of funds available to contribute towards a workout?" What does that mean?
We are attempting to determine the amount of funds that you currently have available to contribute towards any delinquency. In some instances this may be called a down payment or a borrower's contribution. (Not applicable to the Making Home Affordable Program.)

On the Financial Analysis Form, what would be included as Personal Property under the Asset section?
Personal property is an item of worth that you may own. Some examples of personal property may include a vehicle or recreational vehicle, collectibles, etc.

Under liabilities, I pay my car insurance on a semi-annual or annual basis. How do I list that?
Please make sure that the amount of the expense is broken down to a monthly premium amount. Example: If the car insurance is \$500 for a 6 month period, divide \$500 by 6 (\$83.33) to determine the monthly premium.

Under liabilities, I do not have enough space for all of my credit cards and/or student loans, how do you want me to list them?
Include these items on an additional piece of paper.

The 4506-T form states, "Caution: DO NOT SIGN this form if a 3rd party required you to complete and lines 6 and 9 are blank." What do I enter for those items?

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TO: Jovana Gregory COMPANY:

Item six should be filled in with the number of the tax form that you use when completing your income taxes (ie. 1040, 1040EZ). Check box 6a, Transcript requested. We suggest Item 9 be filled in with both 2007 and 2008 year and in case you haven't filed 2008 tax return or it has not been completed.

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PAGE 02/14

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TO: Jovana Gregory COMPANY:

FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)

To: Loss Mitigation

From: Abasile Ebowene Account Number(s): [REDACTED]

Fax to: 1-866-709-4744 or mail to: Loss Mitigation
2711 North Haskell Avenue, Suite 900
Dallas TX 75204

The following documentation must be included to determine eligibility:

- * **Financial Analysis Form**
- The enclosed Financial Hardship Affidavit completed and signed by all borrowers (no notary required).
- A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both the joint filers), and
- Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:

IMPORTANT NOTICE

We understand that you have filed for bankruptcy and have not yet received a discharge. None of the information requested in this Workout Plan will be used for the collection of any debts or for purposes prohibited by the Bankruptcy Code or other applicable Federal or state law. The information requested in this Workout Plan is necessary to determine your eligibility for a loan modification or repayment agreement under both government and non-government loan modification and repayment programs, and should you be eligible, to enable us to best serve you in modifying your loan.

For each borrower who is paid by an employer:

- ☐ Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return; and
- ☐ Copy of the two most recent pay stubs or other proof of income from your employer.

For each borrower who is self-employed:

- ☐ Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return, and
- ☐ Copy of the most recent quarterly or year-to-date profit/loss statement.

For each borrower who has income such as Social Security, disability or death benefits, pension, public assistance, or unemployment:

- ☐ Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements.

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TO: Jovana Gregory COMPANY;

- ☐ Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least 3 years to be considered qualifying income under this program.

For each borrower who is relying on alimony or child support as qualifying income:

- ☐ Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of alimony or child support and period of time over which it will be received. Payments must continue for at least 3 years to be considered qualifying income under this program.
☐ Proof of full, regular and timely payments; for example, deposit slips, bank statements, court verification or filed federal tax return with all schedules.

For each borrower who has rental income:

- ☐ Copies of most recent two years filed federal tax returns with all schedules, including Schedule R-Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.

Additional items required if you are requesting a sale of your property:

- Copy of listing agreement
- Copy of the sales contract
- Copy of the estimated Settlement Statement (HUD-1) if available
- Signed "third party authorization" form

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TO: JOVANA GREGORY COMPANY:

FINANCIAL ANALYSIS FORM

Personal Information

Name (Borrower): HBOSEDC E BROSEME	Daytime Phone: 972 606 8310	Alternate Phone:
Name (Co-borrower):	Daytime Phone:	Alternate Phone:
Mortgage Account Number:		Best time to reach you:
Mailing Address: 4617 COVINGTON CT B.P. TX 75052		
May we contact you via email:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please provide your email address:		
Is the property occupied?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, is it owner occupied or tenant occupied?		Owner/Tenant

Bankruptcy Information

Date that you filed bankruptcy?	2/27/09
Case Number	35-41144-Sub-13
District and state	Nebraska District, Texas
Which chapter (7, 12, 11 or 13)?	13
Has your plan been confirmed (Chapters 11, 12 and 13 only)?	No
- If so, please provide a copy of the plan and confirmation order	
Have you received a discharge?	No
- If so, please provide the date of discharge and a copy of the discharge order	
Has your case been dismissed?	No
Did you or do you intend to reaffirm any debts?	
- If so, please list the name of the creditor, the type of debt and the amount of the debt	
Are there any actions to declare one or more of your debts non-dischargeable currently pending in your bankruptcy case?	No
- If so, please provide the case number, the name of the creditor, the type of debt and the amount of the debt	
Have you received a discharge under any chapter of the Bankruptcy Code within the past 7 years?	
- If so, please provide the case number, state and district where the case was filed and date of discharge	

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 TO: Jovana Gregory COMPANY:

Stocks / Bonds / CDs	\$		\$		\$
Cash Value of Life Insurance	\$		\$		\$
Other	\$		\$		\$
Totals	\$		\$		\$

* The above information will not be used for the collection of any debt.

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowners Assoc. Dues	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowner's (Owner's) Insurance (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Insurance (i.e. wind, flood) (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Credit Card / Installment Loans	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Auto Loan(s)	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Food / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Borrower Signature Abosede Abosede Date 08/11/09 Co-borrower Signature _____ Date _____
Abosede Abosede

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TO: Jovana Gregory COMPANY:

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Financial Hardship Affidavit

Borrower Name: MROSEDE BROWNE

Co-Borrower Name:

Property Street Address: 4617 COLLINGTON CT

Property City, State, Zip: C.P. TX 75052

Account Number: [REDACTED]

In order to qualify for our offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("X") the one or more events that contribute to my/our financial hardship and difficulty in making payments on my/our mortgage loan.

Borrower Co-Borrower

☒ ☐

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" and have attached verifying documentation.

☐ ☐

My household financial circumstances have changed. For example: death in family, serious or chronic illness, divorce, incarceration, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" and have attached verifying documentation.

☐ ☐

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" and have attached verifying documentation.

☐ ☐

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" and have attached verifying documentation.

☐ ☐

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

☐ ☐

There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

Explanation:

I lost my job and I just could not
find one. What I make at present, is not
up to what I use to make. I am still

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PAGE 08/14

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TO: Jovana Gregory COMPANY:

looking for something better.

NOTICE TO BORROWERS

Be advised that you are signing these documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income may subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation may be referred to the appropriate law enforcement authority for investigation and prosecution.

[Signature]
Borrower Signature

Date

08/11/09
Co-Borrower Signature

Date

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TO: Jovana Gregory COMPANY:

Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify, represent and agree that all of the documents and information I/we have provided in connection with the Financial Analysis Form and this Affidavit are true and correct and the event(s) identified in the Financial Analysis Form and this Affidavit has/have contributed to my/our financial hardship and the need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers/co-borrowers or a joint report for a married couple.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 35%.
6. I/we certify that I/we are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
7. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this Affidavit.
8. I/we understand that none of the information requested in this workout application will be used for the collection of any debts. I/we understand the information requested in this workout application is necessary to determine my/our eligibility for a loan modification or repayment agreement under both government and non-government loan modification and repayment programs.